**A Panel Discussion**

# "Rooming-In" for Mothers and Infants


- OBSTETRICIAN'S POINT OF VIEW—Philip A. Reynolds, M.D., Los Angeles
- PEDIATRICIAN'S POINT OF VIEW—Robert G. Shirley, M.D., Beverly Hills
- PSYCHIATRIST'S POINT OF VIEW—Norman A. Levy, M.D., Beverly Hills
- NURSING POINT OF VIEW—Margaret J. McGuirk, R.N., Pasadena


## *PREFACE*

*The rooming of mother and newborn infant together during the lying-in period has been practiced on a limited scale in several obstetrical centers for about two years and is being considered as a desirable procedure by many other obstetrical departments. In fact, the idea has seemed so practical and desirable and the popular demand has become so general by mothers that it seems timely and appropriate to discuss the whole concept and the many facets of rooming-in. It is not the purpose of this panel discussion to attempt to sell the idea of rooming mother and baby together. The purpose is to review the advantages and disadvantages and help make it possible to arrive at an intelligent evaluation of the procedure.*

—PHILIP A. REYNOLDS

## Obstetrician's Point of View

PHILIP A. REYNOLDS, M.D., *Los Angeles*

THE rooming of mother and child together during the lying-in period is the original natural care still practiced by most European hospitals and of course by all primitive societies. It is the natural concomitant of all home delivery services. At the end of the second world war, Dr. James Clark Maloney of Detroit reported a study of the relationship of breast feeding and neuroses in the society of the island of Okinawa. Pediatricians among his colleagues in Detroit were so impressed with the concept developed by Dr. Maloney, that there is a relationship between breast feeding and the emotional development of the infant, that they formed a group called the Cornelian Corner to promote the idea that, if mother and baby could be roomed together, demand feeding could be practiced from birth and the incidence of breast feeding would be greatly increased.

The idea spread rapidly. Such centers as the Yale Medical School and Grace New Haven Community Hospital, the Jefferson Medical College Hospital in Philadelphia, the Washington University Hospital in Washington, D. C., and many others have established rooming-in units. In February, 1948, the Macy Foundation in New York City called together many of the people interested in these studies for a general conference. This conference is some indication of the degree of importance the plan holds for the leaders of obstetrical and pediatric practice. So far all the reports from these centers have been favorable. In Southern California the only rooming-in units started so far are at the Huntington Memorial Hospital in Pasadena and the Hospital of the Good Samaritan in Los Angeles, and these have not been in operation sufficiently long to permit valid conclusions from experience.

The change from the original rooming-in of mother and baby in home delivery came with the establishment of modern hospitals and nurseries. This change was made in what were considered the best interests of mother and baby and was primarily for the purpose of reducing maternal and infant morbidity and mortality. Secondarily, of course, it made the practice of obstetrics infinitely more convenient for the physician. Great gains have been made and it is important that these gains be maintained and that rooming-in be explored with the thought in mind that these improvements in medical care must not be lost by adopting what may be an unwise or impractical procedure.

Frequently, attack upon a problem in whatever field, whether medical or social, goes further than it is necessary or advisable to go in order to gain an end. Some physicians believe that this is what has occurred in obstetrical and pediatric care and that, with great advantage to mother and baby and with no loss of safety for them, the present conventional rigid routines of care might be relaxed in order to allow mother and baby—and father also—to enjoy themselves a little more.

This panel discussion was held before the Section on Obstetrics and Gynecology at the 78th Annual Session of the California Medical Association, May 8-11, 1949, in Los Angeles.